PART B - FEE(S) TRANSMITTAL

Complete and Send this form, together with applicable fee(s), to: Mail

Mail Stop ISSUE FEE Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450

or <u>Fax</u> (703) 746-4000

INSTRUCTIONS: The form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where appropriate. All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated unless corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fee notifications.

CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address)

23486

7590

10/08/2004

SHUTTLEWORTH & INGERSOLL, P.L.C. 115 3RD STREET SE, SUITE 500 P.O. BOX 2107 CEDAR RAPIDS, IA 52406 11/09/2004 GWORDOF2 00000023 10605846

01 FC:2501

685.00 OP

Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.

Certificate of Mailing or Transmission

I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (703) 746-4000, on the date indicated below.

Rvan N. Carter	(Depositor's name)
I'M Pa	(Signature)
November 4, 2004	(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/605,846	10/30/2003	David Sacquitne	16729-I	2845

TITLE OF INVENTION: FLOATING COMBINE SIEVE ASSEMBLY

APPLN. TYPE	SMALL ENTITY	ISSUE F	EE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE	
nonprovisional	YES	\$685			\$685	01/10/2005	
EXA	EXAMINER ART PETRAVICK, MEREDITH C 3		IT	CLASS-SUBCLASS			
PETRAVICK				460-101000	-	•	
CFR 1.363). Change of corresponded Address form PTO/SB/ "Fee Address" indic PTO/SB/47; Rev 03-02 Number is required. 3. ASSIGNEE NAME AN	ation (or "Fee Address" Indicator more recent) attached. Us D RESIDENCE DATA TO Best an assignee is identified bein 37 CFR 3.11. Completion	Correspondence ation form e of a Customer SE PRINTED ON Telow, no assignee of this form is NO	(1) the ror agents (2) the registere 2 registere listed, not the PATEN data will approximately a substitute.	rinting on the patent front page, names of up to 3 registered paters OR, alternatively, name of a single firm (having as ed attorney or agent) and the natered patent attorneys or agents. It is name will be printed. NT (print or type) Opear on the patent. If an assignment of the patent assignment. NCE: (CITY and STATE OR CO	a member a mes of up to f no name is gnee is identified below, the	document has been filed for	
Please check the appropria 4a. The following fec(s) ar	te assignee category or category		inted on the		Corporation or other private g	roup entity Government	
Issue Fee	c cholosou.	-10		k in the amount of the fee(s) is e	enclosed		
	small entity discount permitte	ed)		nt by credit card. Form PTO-203			
Advance Order - #	•		The Director is hereby authorized by charge the required fee(s), or credit any overpayment Deposit Account Number (enclose an extra copy of this form).				
a. Applicant claims The Director of the USPTONOTE: The Issue Fee and	IS (from status indicated above SMALL ENTITY status. See O is requested to apply the Iss Publication Fee (if required) cords of the United States Pat	37 CFR 1.27. ue Fee and Publica will not be accepted	b. Appition Fee (if	licant is no longer claiming SMa any) or to re-apply any previou one other than the applicant; a re	ALL ENTITY status. See 37	CFR 1.27(g)(2).	
Authorized Signature _	KMC	A		Date	11/04/2004		
Typed or printed name	Ryan N. Car	ter		Registratio	n No. 51,533		

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

PTO/SB/17 (10-04)

11/04/2004

Date

Approved for use through 07/31/2006. OMB 0651-0032
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
The Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

FEE TRANSMITTAL for FY 2005

Effective 10/01/2004. Patent fees are subject to annual revision.

Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT

Signature

1	(\$)	685.0	0

Complete if Known			
Application Number	10/605,846		
Filing Date	10/30/2003		
First Named Inventor	David Sacquitne		
Examiner Name	M. Petravick		
Art Unit	3671		
Attorney Docket No.	16729-1		

Check Credit card Money Other None Order	METHOD OF PAYMENT (check all that apply)	FEE CALCULATION (continued)					
Deposit Account:		3. AD	DITI	ONAL	. FEE	S S	
Charge fee(s) indicated below Credit any overpayments	Order — — Order	Large Er	ntity	Small	Entity		
Account Number Deposit Depos		-				Fee Description	
Deposit Account Acco	Account					Surphoras Isto filing foo or ooth	Fee Paid
Account Name The Director is authorized to: (check all that apply) Credit any overpayments 1053 130							
The Director is authorized to: (chack all that apply) Charge fee(s) indicated below	Account	1052	50	2052	20		
Charge fee(s) indicated below		1053	130	1053	130	Non-English specification	
Charge Feets indicated belaw, except for the filing fee to the above-identified deposit account. 1251 110 1251 150 1805 1,840* 1,840*		1812 2	2,520	1812	2,520	For filing a request for ex parte reexamination	
Examiner action Examiner action for reply within first month E		1804	920*	1804	920*		
Tee Calculation 1251 110 1251 110 1252 135 2252 215 255		1805 1	,840*	1805	1,840*		
1. BASIC FILING FEE Large Entity Small Entity Fee Peal Fee Peal 1252 430 2252 490 Extension for reply within fourth month 1254 1,530 2254 490 Extension for reply within fourth month 1254 1,530 2255 490 Extension for reply within fourth month 1254 1,530 2255 1,040 Extension for reply within fourth month 1254 1,530 2255 1,040 Extension for reply within fourth month 1254 1,530 2255 1,040 Extension for reply within first month 1254 1,530 2255 1,040 Extension for reply within fourth month 1254 1,530 2255 1,040 Extension for reply within first month 1255 1,040 Extension for reply within first month 1254 1,530 2255 1,040 Extension for reply within first month 1254 1,530 2255 1,040 Extension for reply within first month 1254 1,530 2255 1,040 Extension for reply within first month 1254 1,530 2255 1,040 Extension for reply within first month 1254 1,530 2255 1,040 Extension for reply within first month 1254 1,530 2255 1,040 Extension for reply within first month 1254 1,530 2255 1,040 Extension for reply within first month 1254 1,530 2255 1,040 Extension for reply within first month 1254 1,530 2255 1,040 Extension for reply within first month 1254 1,530 2255 1,040 Extension for reply within first month 1254 1,530 2255 1,040 Extension for reply within first month 1255 1,040 Extension for reply within first month 1255 1,040 Extension for reply within first month 1255 1,040 Extension for reply within first month 1254 1,530 2255 1,040 Extension for reply within first month 1254 1,530 2255 1,040 Extension for reply within first month 1254 1,530 2255 1,040 Extension for reply within first month 1254 1,530 2254 1,500 Extension for reply within first month 1254 1,530 2453 150 Return for perply within first month 1254 1,530 2453 150 Request for coral he		1251	110	2251	55		
1. SASIC FILENCE Fee		:				1 -	
Fee							
Code S						• •	
1002 350 2002 175 Design filing fee 1401 340 2401 170 Notice of Appeal 1403 340 2402 170 Filing a brief in support of an appeal 1403 340 2402 170 Filing a brief in support of an appeal 1403 340 2402 170 Filing a brief in support of an appeal 1403 340 2402 170 Filing a brief in support of an appeal 1405 1451 1,510 1451 1,510 1451 1,510 Pelition to institute a public use proceeding 1451 1,510 1451 1,510 Pelition to revive - unavoidable 1452 110 2452 55 Pelition to revive - unavoidable 1453 1,330 2403 340 2402	Code (\$)	:					
1003 550 2003 275 Plant filing fee					• • •	·	
1004 790 2004 395 Reissue filing fee 1403 300 2403 150 Request for oral hearing 1451 1.510 1451							
1451 1,510 1451 1,510 1,510 1451 1,510 1,510 1451 1,510 1,510 1451 1,510 1,510 1451 1,510 1,510 1451 1,510 1,510 1451 1,510 1,510 1451 1,510 1,510 1451 1,510 1,510 1451 1,510 1,510 1451 1,510 1,510 14							
SUBTOTAL (1) (\$)						·	
2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE Total Claims Independent Claims Cla	1005 160 2005 80 Provisional filing fee						·
2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE Fee from below Fee Paid below Fee Paid locations 1501 1,370 2501 685 Utility issue fee (or reissue) 685	SUBTOTAL (1) (\$)				55	Petition to revive - unavoidable	
Total Claims					665	Petition to revive - unintentional	COF
Total Claims	Fee from	1501 1	•			·	083
Independent Claims						_	
Multiple Dependent Large Entity Small Entity Fee Fee Fee Fee Fee Fee Fee	Independent						<u> </u>
Large Entity Small Entity Fee Fee Fee Fee Fee Fee Fee Fee Code (\$)	Cidillis					Petitions to the Commissioner	
Fee Fee Code (\$) 1202 18 2202 9 Claims in excess of 20 1201 88 2201 44 Independent claims in excess of 3 1203 300 2203 150 Multiple dependent claims over original patent over original patent 1204 88 2204 44 ** Reissue independent claims over original patent 1205 18 2205 9 ** Reissue claims in excess of 20 and over original patent SUBTOTAL (2) **or number previously paid, if greater; For Reissues, see above Fee Description 8021 40 8021 40 Recording each patent assignment per property (times number of properties) 1809 790 2809 395 Filing a submission after final rejection (37 CFR 1.129(a)) 1810 790 2810 395 For each additional invention to be examined (37 CFR 1.129(b)) 1801 790 2801 395 Request for Continued Examination (RCE) 1802 900 1802 900 Request for expedited examination of a design application Other fee (specify) *Reduced by Basic Filing Fee Paid *Complete (if applicable))		1807	50	1807	50	Processing fee under 37 CFR 1.17(q)	
Code (\$) Code (\$) Code (\$) 8021 40 8021 40 Recording each patent assignment per property (times number of properties) 1809 790 2809 395 Filing a submission after final rejection (37 CFR 1.129(a)) 1809 790 2810 395 For each additional invention to be examined (37 CFR 1.129(b)) 1801 790 2810 395 For each additional invention to be examined (37 CFR 1.129(b)) 1801 790 2801 395 Request for Continued Examination (RCE) 1801 790 2801 395 Request for Continued Examination (RCE) 1802 900 1802 9	•	1806	180	1806			
1201 88 2201 44 Independent claims in excess of 3 1203 300 2203 150 Multiple dependent claim, if not paid 1204 88 2204 44 ** Reissue independent claims over original patent 1205 18 2205 9 ** Reissue claims in excess of 20 and over original patent 1205 18 2205 9 (\$) ***or number previously paid, if greater; For Reissues, see above 1208	Code (\$)	8021	40	8021	40	Recording each patent assignment per property (times number of properties)	
1203 300		1809	790	2809	395		
1205 18 2205 9 ** Reissue claims in excess of 20 and over original patent **or number previously paid, if greater; For Reissues, see above SUBMITTED BY 1801 790 2801 395 Request for Continued Examination (RCE) 1802 900 1802 900 Request for expedited examination of a design application Other fee (specify) *Reduced by Basic Filing Fee Paid SUBTOTAL (3) (\$) 685.00 Complete (if applicable))		1810	790	2810	395	For each additional invention to be	
1205 18 2205 9 ** Reissue claims in excess of 20 and over original patent SUBTOTAL (2) (\$) **or number previously paid, if greater; For Reissues, see above SUBMITTED BY 1802 900 Request for expedited examination of a design application Other fee (specify) *Reduced by Basic Filing Fee Paid SUBTOTAL (3) (\$) 685.00 (Complete (if applicable))		4004	700	0004	205	, , , ,	
subtotal (2) **or number previously paid, if greater; For Reissues, see above SUBMITTED BY of a design application Other fee (specify) *Reduced by Basic Filing Fee Paid SUBTOTAL (3) (\$) 685.00 (Complete (if applicable))							
**Reduced by Basic Filing Fee Paid **Bubble Previously paid, if greater; For Reissues, see above **Reduced by Basic Filing Fee Paid **Reduced by Basic Filing Fee Paid **Complete (if applicable)) **Complete (if applicable)	1-14	1002	900	1002	900		
**or number previously paid, if greater; For Reissues, see above SUBMITTED BY Complete (if applicable))	SUBTOTAL (2)	Other fe	ee (sp	ecify) _			
SUBMITTED BY (Complete (if applicable))		*Reduc	æd by	Basic F	Filing Fe	subtotal (3) (\$) 685.	00
Desirate time Ma							
NOTIC (FULLY YUR) TAVALLINE NATURAL MARCHANIA MA	Name (Print/Type) Ryan N. Carter	Re	gistral	tion No.	51		

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

This collection of information is required by 37 CFR 1.17 and 1.27. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

(Attomey/Agent)